

964

## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

## DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*.....

Place of Birth Inspiration County Gila No. .... St. ....  
(Registration District)SEX OF CHILD\* Twin } and } Number  
male Triplet } in order  
or other? } of birthDATE OF BIRTH August 19 1922  
(Month) (Day) (Year)FULL NAME Phillip Lee Roy Reasoner  
FATHERFULL MAIDEN NAME Audrey Myrtle Smith  
MOTHERI HEREBY CERTIFY that the child described  
herein has been namedPhillip Lee Roy Reasoner  
(Give name in full) (Surname)Mrs. Phil L. Reasoner  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

✓ 799-819-128